

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. David Ivey**

Mailing Address 224 S. Woods Mill  
Suite 280 S

City State Zip Code  
Chesterfield MO 63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Louis West OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2015

Transaction ID : SA11AI.27504

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **B. Murray Jacobs**

Mailing Address 800 Creekside Dr

City State Zip Code  
Redlands CA 92373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loma Linda University

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2015

Transaction ID : SA11AI.27505

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Ole Jensen**

Mailing Address 8200 E Belleview Ave  
Ste 520E

City State Zip Code  
Greenwood Village CO 80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2015

Transaction ID : SA11AI.27506

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1675.00